

Wisconsin Medicaid update and BadgerCare

July 2000 • No. 2000-26

PHC 1732

Wisconsin Medicaid and BadgerCare Information for Providers

Changes in therapy/therapist assistant supervision requirements and reimbursement

To:

Occupational
Therapists

Physical
Therapists

Rehabilitation
Agencies

Therapy Groups

HMOs and Other
Managed Care
Programs

Wisconsin Medicaid will grant waivers from direct, immediate, on-premises supervision for occupational therapy assistants and physical therapist assistants.

Therapy providers may receive a waiver granting an alternative to Wisconsin Medicaid's current requirement that occupational therapy assistants and physical therapist assistants be under direct, immediate, on-premises supervision by a Medicaid-certified therapist.

Effective on and after August 1, 2000, upon request from therapy providers, Wisconsin Medicaid will accept the current Wisconsin Department of Regulation and Licensing requirements for supervision of Medicaid-certified occupational therapy assistants and Medicaid-certified physical therapist assistants. Refer to Attachment 1 of this *Update* for the Medicaid and the Department of Regulation and Licensing supervision requirements.

Therapy providers now have two options for meeting supervision requirements for therapy/therapist assistants when billing Medicaid

Option 1: Therapy providers may choose to obtain a waiver of the direct, immediate, on-premises supervision requirement

On and after August 1, 2000, therapy providers may complete and submit a Request for Waiver

of Wisconsin Medicaid Occupational Therapy and Physical Therapist Assistant Supervision Requirements form (Attachment 2) to waive Wisconsin Medicaid's supervision requirements for therapy/therapist assistants as specified in HFS 105.27(2), 105.28(2), 107.16(1), and 107.17(1), Wis. Admin. Code.

The waiver should be requested when a provider wishes to use assistants under general supervision as allowed by the supervision requirements of the Department of Regulation and Licensing (refer to Attachment 1, Option 1).

Each billing provider needs to complete the waiver form only once. Therapy groups are required to send in a separate request for each supervising therapist, since each therapist is a billing provider. A rehabilitation agency may send one request for all of its therapists. Providers should retain copies of these forms in their files for certification and audit purposes. Send the completed form to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Road
Madison, WI 53784-0006

Wisconsin Medicaid will grant the supervision waiver when the completed form is reviewed.

The waiver is effective when the provider receives a letter of acknowledgment and until the direct, immediate, on-premises supervision requirement is revised through an Administrative Code change.

Therapy/therapist assistant reimbursement under general supervision

Therapy/therapist assistants working under general supervision will be reimbursed at the lesser of the provider's usual and customary charge or 90% of Wisconsin Medicaid's maximum allowable fee to the provider for the service.

Billing for therapy/therapist assistants under general supervision

Wisconsin Medicaid has created procedure code modifier "GS" (general supervision) to be used on and after August 1, 2000, to indicate that a therapy/therapist assistant has performed the related procedure under general supervision. When the service has been provided under general supervision, the modifier "GS" should be applied to the procedure code on the claim.

Attachment 3 is a table of Medicaid procedure codes for physical therapy services, and Attachment 4 is a table of Medicaid procedure codes for occupational therapy services. These tables were first issued by Wisconsin Medicaid in the March 1999 *Wisconsin Medicaid Update* (No. 99-08) titled "1999 Physical Therapy and Occupational Therapy CPT and HCPCS Code Changes."

Note: The "GS" modifier should be used in addition to the OT/PT modifier on the claim.

Documentation of therapy/therapist assistants under general supervision

The supervising therapist is required to document supervision of therapy/therapist assistants by countersigning all entries made by

the therapy/therapist assistant in the recipient's medical records. The provider is required to maintain appropriate records of supervision in accordance with Regulation and Licensing requirements and with HFS 106.02, Wis. Admin. Code.

Option 2: Therapy providers can follow current supervision requirements

Therapy providers may continue to meet Medicaid's current supervision requirements of direct, immediate, on-premises supervision by a certified therapist when therapy/therapist assistants are providing covered services (refer to Attachment 1, Option 2).

If providers choose not to submit a waiver request, supervision requirements and reimbursement do not change.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Supervision requirements of the Department of Regulation and Licensing

Option 1: Therapy providers choosing to obtain a waiver of the Medicaid supervision requirement. Therapy providers must continue to fulfill the supervision requirements as stated in PT 5.01, or Med 19.10, Wis. Admin. Code.

Supervision Requirement for Physical Therapist Assistants, as stated in PT 5.01, Wis. Admin. Code

PT 5.01 Physical therapist assistants. A physical therapist assistant, as defined in s. 448.52 (3), Stats., may practice physical therapy under the general supervision of a physical therapist. In providing general supervision, the physical therapist shall do all of the following:

- (1) Have primary responsibility for physical therapy care rendered by the physical therapist assistant.
- (2) Have direct face-to-face contact with the physical therapist assistant at least every 14 calendar days.
- (3) Remain accessible to telecommunications in the interim between direct contacts while the physical therapist assistant is providing patient care.
- (4) Limit the number of physical therapist assistants supervised to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter. No physical therapist may supervise more than 2 physical therapist assistants full-time equivalents at any time.
- (5) Establish a written policy and procedure for written and oral communication. This policy and procedure shall include a specific description of the supervisory activities undertaken for the physical therapist assistant, appropriate to the setting and the services provided.
- (6) Provide initial patient evaluation and interpretation of referrals.
- (7) Develop and revise as appropriate the patient treatment plan and program.
- (8) Delegate appropriate portions of the treatment plan and program to the physical therapist assistant consistent with the physical therapist assistant's education, training, and experience.
- (9) Provide on-site assessment and reevaluation of each patient's treatment a minimum of one time per calendar month or every tenth treatment day, whichever is sooner, and adjust the treatment plan as appropriate.
- (10) Coordinate discharge plan decisions and the final assessment with the physical therapist assistant.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95.

Supervision Requirement for Certified Occupational Therapy Assistants, as stated in Med. 19.10, Wis. Admin. Code

Med 19.10 Supervision of occupational therapy assistants by occupational therapists.

- (1) Supervision of an occupational therapy assistant by an occupational therapist shall be either close or general. The supervising occupational therapist shall have responsibility for the outcome of the performed service.

- (a) When close supervision is required, the supervising occupational therapist shall have daily, direct contact on the premises with the occupational therapy assistant. The occupational therapist shall provide initial direction in developing the plan of treatment and shall periodically inspect the actual implementation of the plan. The occupational therapist shall countersign all patient-related documents prepared by the occupational therapy assistant.
 - (b) When general supervision is allowed, the supervising occupational therapist shall have direct contact on the premises with the occupational therapy assistant at least once each month. In the interim between direct contacts, the occupational therapist shall maintain contact with the occupational therapy assistant by telephone, written reports and group conferences. The occupational therapist shall record in writing a specific description of the supervisory activities undertaken for each occupational therapy assistant.
 - (c) Close supervision is required for all rehabilitative services provided by an entry-level occupational therapy assistant. All other occupational therapy services provided by an occupational therapy assistant may be performed under general supervision, if the supervising occupational therapist determines, under the facts of the individual situation, that general supervision is appropriate using established professional guidelines.
- (2)** In extenuating circumstances, when the supervising occupational therapist is absent from the job, the occupational therapy assistant may carry out established programs for 30 calendar days. The occupational therapist must provide up-to-date documentation prior to absence.

History: Cr. Register, October, 1989, No. 406, eff. 11-1-89.

Option 2: Therapy providers maintaining current Medicaid requirements.

Certification Requirements for Physical Therapist Assistants, as stated in HFS 105.27(2), Wis. Admin. Code

Physical therapists and assistants. (2) PHYSICAL THERAPIST ASSISTANTS. For MA certification, physical therapist assistants shall have graduated from a 2-year college-level program approved by the American physical therapy association, and shall provide their services under the direct, immediate, on-premises supervision of a physical therapist certified pursuant to sub. (1). Physical therapist assistants may not bill or be reimbursed directly for their services.

Note: For covered physical therapy services, see s. HFS 107.16.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

Certification Requirements for Occupational Therapy Assistants, as stated in HFS 105.28 (2), Wis. Admin. Code

Occupational therapists and assistants. (2) OCCUPATIONAL THERAPY ASSISTANTS. For MA certification, occupational therapy assistants shall be certified by the American occupational therapy association. Occupational therapy assistants may not bill or be reimbursed directly for their services. Occupational therapy assistants shall provide services under the direct, immediate on-premises supervision of an occupational therapist certified under sub. (1), except that they may provide services under the general supervision of an occupational therapist certified under sub. (1) under the following circumstances:

- (a) The occupational therapy assistant is performing services which are for the purpose of providing activities of daily living skills;
- (b) The occupational therapy assistant's supervisor visits the recipient on a bi-weekly basis or after every 5 visits by the occupational therapy assistant to the recipient, whichever is greater; and

- (c) The occupational therapy assistant and his or her supervisor meet to discuss treatment of the recipient after every 5 contacts between the occupational therapy assistant and the recipient.

Note: For covered occupational therapy services, see s. HFS 107.17.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

Covered Services and Supervision Requirements for Physical Therapist Assistants, as stated in HFS 107.16(1)(a), Wis. Admin. Code.

HFS 107.16 Physical therapy. (1) COVERED SERVICES.

- (a) *General.* Covered physical therapy services are those medically necessary modalities, procedures and evaluations enumerated in pars. (b) to (d), when prescribed by a physician and performed by a qualified physical therapist (PT) or a certified physical therapist assistant under the direct, immediate, on-premises supervision of a physical therapist.

Covered Services and Supervision Requirements for Occupational Therapy Assistants, as stated in HFS 107.17(1), Wis. Admin. Code.

HFS 107.17 Occupational therapy. (1) COVERED SERVICES.

Covered occupational therapy services are the following medically necessary services when prescribed by a physician and performed by a certified occupational therapist (OT) or by a certified occupational therapy assistant (COTA) under the direct, immediate, on-premises supervision of a certified occupational therapist or, for services under par. (d), by a certified occupational therapy assistant under the general supervision of a certified occupational therapist pursuant to the requirements of s. HFS 105.28(2)

ATTACHMENT 2

The "Request for Waiver of Wisconsin Medicaid Occupational Therapy and Physical Therapist Assistant Supervision Requirements" form is on the following page.

**Request for Waiver of Wisconsin Medicaid Occupational Therapy and
Physical Therapist Assistant Supervision Requirements**
(HFS 106.13, Wis. Admin. Code)

This form is authorized under HFS 106.13, Wis. Admin. Code. Completion of this form is mandatory to receive a waiver of Wisconsin Medicaid's supervision requirements for therapy/therapist assistants as specified in HFS 105.27(2), 107.16(1), and 107.17(1), Wis. Admin. Code. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

Medicaid Billing Provider Name

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Telephone Number

Medicaid Provider Address (Street, City, ZIP Code)

I request a waiver under HFS 106.13, Wis. Admin. Code, for services provided on and after August 1, 2000, for the following requirement:

- _____ A Medicaid-certified physical therapist assistant be under the direct, immediate, on-premises supervision of a physical therapist (HFS 107.16(1), Wis. Admin. Code).
- _____ A certified occupational therapy assistant (COTA) be under the direct, immediate, on-premises supervision of a certified occupational therapist (HFS 107.17(1), Wis. Admin. Code).

Under this waiver, I understand that I must do the following:

- Continue to meet the Department of Regulation and Licensing standards for supervision of assistants who provide services to Medicaid recipients.
- Document this supervision by countersigning all entries in medical records, in accordance with HFS 106.02, Wis. Admin. Code.
- Maintain appropriate records regarding supervision, in compliance with Regulation and Licensing requirements and with HFS 106.02, Wis. Admin. Code.

I understand that this waiver is automatically granted when Wisconsin Medicaid acknowledges receipt of this form. The waiver is effective until the direct, immediate, on-premises supervision requirement is revised through an Administrative Code change.

Date

Signature - Medicaid Provider

Medicaid Provider Number

Retain a copy of this form for your records

ATTACHMENT 3

Medicaid Procedure Codes for Physical Therapy Services

Effective March 1, 1999

Initially Issued in March 1999 Wisconsin Medicaid Update (No. 99-08)

Allowable Types and Places of Service for Specific Service Providers	
Rehabilitation Agencies (Type of Service [TOS] = 9)	Independent Therapists, Therapy Groups, and Therapy Clinics (Type of Service [TOS] = 1)
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
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OTHER PROCEDURES

No Change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) [15 minutes]	\$1	1 per day	Not Allowed
No Change	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) [15 minutes]	\$2	1 per day	Not Allowed
No Change	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation [15 minutes]	\$1	1 per day	Not Allowed
No Change	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent [15 minutes]	\$1	1 per day	Not Allowed
No Change	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants [15 minutes]	\$1	1 per day	Not Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
No Change	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation [15 minutes]	\$1	2 per day	Allowed
No Change	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent [15 minutes]	\$0.50	Not Applicable	Allowed

MODALITIES

No Change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs [15 minutes]	\$1	1 per day	Allowed
No Change	97012	Application of a modality to one or more areas; traction, mechanical [15 minutes]	\$1	1 per day	Allowed
No Change	97014	Application of a modality to one or more areas; electrical stimulation (unattended) [15 minutes]	\$1	1 per day	Allowed
No Change	97016	Application of a modality to one or more areas; vasopneumatic devices [15 minutes]	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath [15 minutes]	\$1	1 per day	Allowed
No Change	97020	Application of a modality to one or more areas; microwave [15 minutes]	\$1	1 per day	Allowed
No Change	97022	Application of a modality to one or more areas; whirlpool [15 minutes]	\$1	1 per day	Allowed
No Change	97024	Application of a modality to one or more areas; diathermy [15 minutes]	\$1	1 per day	Allowed
No Change	97026	Application of a modality to one or more areas; infrared [15 minutes]	\$1	1 per day	Allowed
No Change	97028	Application of a modality to one or more areas; ultraviolet [15 minutes]	\$1	1 per day	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
No Change	97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	\$0.50	Not Applicable	Allowed
No Change	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97039	Unlisted modality (specify type and time if constant attendance) [15 minutes]	\$1	1 per day	Allowed

THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
No Change	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1	Not Applicable	Allowed
No Change	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	\$1	Not Applicable	Allowed
Delete 3/1/99	97122	Therapeutic procedure, one or more areas, each 15 minutes; traction, manual	\$1	Not Applicable	Allowed
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
No Change	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
Add 3/1/99	97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not Applicable	Allowed when Appropriate*
Delete 3/1/99	97250	Myofascial/soft tissue mobilization, one or more regions [15 minutes]	\$1	Not Applicable	Not Allowed
Delete 3/1/99	97265	Joint mobilization, one or more areas (peripheral or spinal) [15 minutes]	\$2	1 per day	Not Allowed
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

EVALUATION

No Change	97001	Physical therapy evaluation [15 minutes]	\$1	Not Applicable	Not Allowed
No Change	97002	Physical therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not Allowed

ATTACHMENT 4

Medicaid Procedure Codes for Occupational Therapy Services

Effective March 1, 1999

Initially Issued in March 1999 Wisconsin Medicaid Update (No. 99-08)

Allowable Types and Places of Service for Specific Service Providers	
Rehabilitation Agencies (Type of Service [TOS] = 9)	Independent Therapists, Therapy Groups, and Therapy Clinics (Type of Service [TOS] = 1)
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
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MODALITIES

No Change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs [15 minutes]	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath [15 minutes]	\$1	1 per day	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	\$0.50	Not Applicable	Allowed

THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
No Change	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
Add 3/1/99	97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not Applicable	Allowed when Appropriate*
No Change	97150	Therapeutic procedure(s); group (2 or more individuals) [each 15 minutes]	\$0.50	Not Applicable	Allowed
Delete 3/1/99	97250	Myofascial release/soft tissue mobilization, one or more regions [15 minutes]	\$1	Not Applicable	Not Allowed
Delete 3/1/99	97265	Joint mobilization, one or more areas (peripheral or spinal) [15 minutes]	\$2	1 per day	Not Allowed
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
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OTHER PROCEDURES

No Change	97770	Development of cognitive skills to improve attention, memory, problem solving, includes compensatory training and/or sensory integrative activities, direct (one on one) patient contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
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EVALUATION

No Change	97003	Occupational therapy evaluation [15 minutes]	\$1	Not Applicable	Not Allowed
No Change	97004	Occupational therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not Allowed